

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 3 2019

I. Name of Lobbyist(s) Kath	erine Lawrence		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partners		any:	
N/A			
(Name of partner	ship, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()	()	e-mail	
(Telephone)	(F)	e-mail	
III. This statement covers: (Chreportable expense transaction All reportable transactions oc	s which are not attributabl	e to any one client).	
ACT, Inc.			
(Full Nam	e of Client as it appears on the	Lobbyist Registration Form)	
☐ All reportable transactions by unrelated to any particular client.		obbyist's family), or the lobby	ing firm listed below which are
	, 2019 X 1 e of registration to 3/31/19	July 31, 2019 [] activity from 4/1/19 to 6/30/	719
	30, 2019	January 29, 2020 C activity from 10/1/19 to 12/	
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.			
VI. Check if additional reports	are attached:		
☐ If you have received fees or i	nade expenditures, you mus	t file Addendum A- Fees and	Expenses
☐ If you have paid an honorarion Expense Reimbursement	um or reimbursed expenses,	you must file Addendum B+ I	Report of Honorariums or
☐ If you, your firm, or your far	nily has made political contr	ibutions, you must file Adden	dum C Political Contributions
Sworn Statement/Affirmation I I have read RSA 15, RSA 15-B, I and complete to the best of my ki	RSA 14-C and RSA 664 and	hereby swear or affirm that the $\frac{4.6}{0.00}$	
Katherine Lawrence (Print Name of lobbyist)		·	